

### STATE OF NEW HAMPSHIRE

# for LOBBYISTS

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APR 18 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

### 2018 Statement of Income and Expenses (RSA Chapter 15) PLEASE PRINT

I. Name of Lobby	ist(s) Debra Vanderbeek, R	obert Clegg, Peril	dis Karoutas, Leann Mo	occia, Chris Herr
II. Name of lobby	ist's partnership, firm or co	rporation, if any:		
	Legislative Solutions, L.L	.C.		
	Name of partnership, firm or corp	poration)		
	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( ) 603-986-9	9145 ( )_ne)		e-mail dbeek@a	ol.com
(Telephon	ne)	(Fax)		
reportable expens	at covers: (Choose one – file se transactions which are no transactions occurring in the n	t attributable to ar	ny one client).	
P / m reportue ve v				
	(Full Name of Client as it a	e Camp Directors		
OR	(Full Name of Cheffi as it a	ippears on the Lobbyt	st Registration Form)	
	ransactions by the lobbyist (in	cluding the lobbyis	t's family), or the lobbyin	ng firm listed below which are
IV. Date of Report Reports cover:	et April 25, 2018 X activity from date of registration	to 3/31/18 a	July 25, 2018	8
	October 31, 2018 <i>activity from 7/1/18 to 9/30/</i>	18 4	January 30, 2019 $\Box$ activity from 10/1/18 to 12/3	1/18
	een no fees received and ned, complete just this form an			
VI Check if addit	tional reports are attached:			
. 1	ceived fees or made expenditu	res, you must file A	Addendum A – Fees and I	Expenses
( )	id an honorarium or reimburs			
	rm, or your family has made p	olitical contribution	ns, you must file Addend	um C- Political Contribution
I have read RSA 1:	/Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and best of my knowledge and t	RSA 664 and hereb	y swear or affirm that the April 9, 2018	foregoing information is true
(Signature of lobb	yist)			ate)
Debra Vanderbe (Print Name of Iol	ek			

### STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karou	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date April 9, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>1500.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person of with a value of \$25.00 or less); and the of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 1500.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 1500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	April 9, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	rtnership, firm, or corpo	oration: Legislative Solution	s, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 25, 2018 🗖	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			d Expenses described above, and mber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
complete to the best of	my knowledge and be	lief.	t and each Addendum is true and
(Signature of lobbyist)	() 1		(Date)
Robert Clegg			
(Print Name of lobbyis	st)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave by particular client):		r the partnership, firm, or	corporation and not related to an
Date of Report (check of	one):		
April 25, 2018 <b>5</b>	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
I have read RSA 15, RS the following Addendus submitted):	SA 15-B, RSA 664, th ms submitted with tha	e Statement of Income and the Statement (insert the number of the statement)	d Expenses described above, and imber of Addendum forms being
Addendum A(s)	) <b>.</b>		
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r	n that the foregoing infiny knowledge and beli	ef.	t and each Addendum is true and
(Signature of lobbyist)			(Date)
Periklis Karoutas (Print Name of lobbyist)			
(1 mit manie of loody ist)	•		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirmation by	Lobbyist
Statem	nent of Income and Expense	es for:

Name of Lobbying partnership, firm, or corporation	Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the particular client):	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 25, 2018 ☑ July 25, 2018 □ Oct	ober 31, 2018 □ January 30, 2019 □
	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	tion on the Statement and each Addendum is true and  April 9, 2018
(Signature of lobbyist)	(Date)
Leann Moccia (Print Name of Johnvist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	e blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	k one):		
April 25, 2018 0	July 25, 2018 □	October 31, 2018 🗆	January 30, 2019 □
I have read RSA 15, the following Addend submitted):	RSA 15-B, RSA 664, the lums submitted with the	he Statement of Income ar at Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum B(	s).		
Addendum C(	s).		
I hereby swear or affine complete to the best of the b	rm that the foregoing in f my knowledge and bel	lief.	nt and each Addendum is true and
(Signature of lobbyist)	)		(Date)
Chris Herr			
(Print Name of lobbyis	st)		